457 DESIGNATION OF BENEFICIARY FORM

VP

- Use this form to designate your beneficiary(ies) for your retirement account.
- Please complete a separate form for each employer plan account.

1 Participant Information

Employer Plan Number

| | | | | | |

Employer Plan Name

State

Social Security Number

| | | | - | | | - | | | |

Daytime Phone Number

| | | | - | | | | - | | | | |

Area Code

Full Name of Participant

Last   First   M.I.

2 Beneficiary Designation

Your designation of beneficiary(ies) tells us who should receive the accumulated value of your account if your death should occur before completing distribution of your account. **If no primary beneficiary(ies) lives longer than you, benefits will be paid to your contingent beneficiary(ies)**. If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid to your estate. If this form is not signed, the beneficiary(ies) designation you select will not be valid. If a valid form is not filed, benefits will be paid to your estate at the time of your death.

PLEASE NOTE: If a Social Security number is not provided and RC cannot locate the named beneficiary, the account balance will be paid to your estate.

Primary Beneficiary(ies):

Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Relationship: ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___   Birthdate: ___ ___/___ ___/___ ___ ___ ___   % of Benefit: ___ ___ ___.___ ___%

Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Relationship: ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___   Birthdate: ___ ___/___ ___/___ ___ ___ ___   % of Benefit: ___ ___ ___.___ ___%

Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Relationship: ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___   Birthdate: ___ ___/___ ___/___ ___ ___ ___   % of Benefit: ___ ___ ___.___ ___%

Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Relationship: ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___   Birthdate: ___ ___/___ ___/___ ___ ___ ___   % of Benefit: ___ ___ ___.___ ___%

Must add to 100.00%

Contingent Beneficiary(ies)

Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Relationship: ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___   Birthdate: ___ ___/___ ___/___ ___ ___ ___   % of Benefit: ___ ___ ___.___ ___%

Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Relationship: ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___   Birthdate: ___ ___/___ ___/___ ___ ___ ___   % of Benefit: ___ ___ ___.___ ___%

Name: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___   Relationship: ___ ___ ___ ___ ___ ___ ___

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___   Birthdate: ___ ___/___ ___/___ ___ ___ ___   % of Benefit: ___ ___ ___.___ ___%

Must add to 100.00%

If needed, please write additional beneficiaries on a separate piece of paper and attach it with this form.

3 Participant Authorization

Participant's Signature: _____   Date: _____

IMPORTANT-REMEMBER TO PRINT LEGIBLY IN BLACK OR BLUE INK